

## CHAPTER 11

# PHYSICAL EXAMINATIONS

The Department of Defense has established uniform physical standards for all members of the military service. Physical examinations are conducted to interpret each individual's physical qualification for initial entry, mobilization, retention, assignment to special duties, and training programs that lead to enlistment and commissioning. The purpose of the examination is to identify physical defects and psychological problems that would compromise a member's ability to perform duties normally assigned. Physical standards are intended to preclude acceptance of those individuals who present contagious or infectious hazards to other personnel, would be unable to perform assigned duties, or who have conditions likely to be aggravated by naval service.

The purpose of this chapter is to review the various types of physical examinations and their requirements, provide a general understanding of how physical examination forms and reports are completed, and cover some of the testing procedures and equipment for which you may be responsible. In your capacity as a Hospital Corpsman, you will function as both clerical and medical assistant to the medical examiner. To do this properly, you should be familiar with administrative regulations that apply to physical examinations. You should also ensure the patient's health record is correct and complete, all tests and laboratory results are recorded, and the completed report of medical examination and history are properly filed in the member's health record.

### TYPES OF PHYSICAL EXAMINATIONS

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**LEARNING OBJECTIVE:** *Differentiate between the types of physical examinations.*

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Physical examinations, whether routine or special duty, are mandatory for members at certain times during their military careers. The first of these examinations is the entrance (enlistment, appointment, or commissioning) physical examination, and the last is the physical examination that occurs upon separation from the service. In addition to these two,

there may be several others, depending on the length of the member's service or special duty requirements.

Physical examinations of Marine Corps and Navy personnel, active and reserve, are performed by Navy medical officers or other credentialed providers. If a Navy medical officer or credentialed provider is not available, the medical examination may be performed by a Department of Defense (DoD) physician or credentialed civilian contracted physician. Dental examinations are normally performed by Navy dental officers. For further information on dental examinations for naval reserve personnel, refer to the *Manual of the Medical Department* (MANMED), NAVMED P-117.

Most physical examinations will require special studies (tests). Some of these special studies (which will be performed in advance of the physical examination by the medical examiner) may include laboratory tests to detect syphilis (RPR), HIV, and cholesterol levels; optometric evaluation to determine visual acuity; audiometric testing for hearing capabilities; and dental examination to determine dental fitness. For more information on special study requirements for each type of physical examination, refer to the MANMED and directives that address specific physical examinations.

### ROUTINE PHYSICAL EXAMINATIONS

Essentially, there are four types of routine physical examinations you should know about. They are the **entrance, periodic, reenlistment, and separation** physicals. The MANMED provides specific instructions on how and when each type of physical is to be conducted.

#### **Entrance (Enlistment, Appointment, and Commissioning) Physical Examination**

The Department of Defense (DoD) establishes the standards for entry into military service (DoD Directive 6130.3). Entry physical standards for training programs leading to officer appointment are more stringent than the basic physical qualifications for enlistment or commissioning. This policy ensures qualification of the member at the time of his appointment.

Entrance physical examinations are normally performed at Military Entrance Processing Stations (MEPS). Entrance physical examination results are documented on the *Report of Medical Examination* (SF-88) and *Report of Medical History* (SF-93). The original completed physical examination forms are permanently filed in the member's health record. Copies of the completed examination forms are filed by the examining facility for a specified period of time. (See MANMED for current physical examination disposition requirements.) This policy applies to all of the physical examinations service members may have throughout their career. The forms used for the entrance physical (SF-88 and SF-93) are also used for many of the routine and special duty physical examinations that will be discussed in more detail later in this chapter.

### **Periodic Physical Examination**

The purpose of the periodic examination is to determine physical qualification for retention on active duty and to maintain current medical data regarding physical qualification of personnel. Retention standards are not the same as entrance standards; the prime consideration for retention is the ability to continue active service. The periodic physical examination evaluates the member's current state of health. The examination also includes documentation of chronic or unresolved medical complaints from injuries or illnesses incurred during military service or complaints or injuries that may have existed before induction. The periodic physical examination is conducted at the intervals prescribed in the MANMED.

If the examining medical officer determines a defect exists that he cannot adequately evaluate, a consultation or referral for further evaluation may be initiated. If the defect is severe enough, the member may be referred to a medical board. A medical board is convened to evaluate and report on the diagnosis; prognosis for return to full duty; plan for further treatment, rehabilitation, or convalescence; estimate the length of further disability; and provide medical recommendations for disposition of the service member being evaluated.

A member may be considered physically qualified (PQ) despite the presence of certain medical conditions. However, if it is clearly determined that the condition interferes with the member's capability of functioning in the naval service effectively, the member may be processed for an administrative or

medical discharge. Additional guidance is provided in the *Military Personnel Manual* (MILPERSMAN) and applicable Navy and Marine Corps directives.

### **Reenlistment Physical Examination**

The purpose of the reenlistment physical examination is to determine if service members are physically qualified to be retained on active duty. A complete medical examination is not required if there is a valid examination (i.e., entrance, periodic, or special duty physical) in the service member's service record. The reenlistment physical consists of a medical record review and documentation of medical conditions that may need consideration or further inquiry by healthcare providers. The service member will also be interviewed by a healthcare provider. Reenlistment criteria specified in the MANMED should be followed during the health record review and the interview of patient.

The results of the reenlistment physical examination are recorded on form SF-600, *Chronological Record of Medical Care*. The healthcare provider will indicate on the SF-600 if the service member is physically qualified for reenlistment. After the physical examination is completed, the SF-600 will be filed in the member's health record.

### **Separation Physical Examination**

Before being released from active duty, members receive a thorough physical examination. If the separation is the result of an evaluation by a medical board, the medical board report serves as the document for the physical examination.

Members who separate from the service—for any reason (i.e., retirement, end-of-enlistment, or administrative discharge)—are required to read the following statement at the time of their physical examination:

You are being examined because of your separation from active duty. If you feel you have a serious defect or condition that interferes, or has interfered, with the performance of your military duties, advise the examiner. If you are considered by the examiner to be not physically qualified for separation, you will be referred for further evaluation, and, if indicated, appearance before a medical board. If, however, you are found physically qualified for separation, any defects will be recorded in item 74 of the

SF-88 or on an SF-600. Such defects, while not considered disqualifying for military service, may entitle you to certain benefits from the Department of Veterans Affairs (DVA). If you desire further information in this regard, contact the DVA office nearest your home after your separation.

In the case of a service member separating from the Navy or Marine Corps before completion of 90 days of service, a similar statement as above must be read by the separating member. Refer to article 15-29 of the MANMED for this statement. In either case the separating member will be requested to sign the following entry in item 73 on the SF-88 or the SF-600.

I have been informed of and understand the provisions of article XX-XX of the *Manual of the Medical Department*.

Refusal of the member to sign this statement will not delay separation. Rather, the examiner will note in item 73 of the SF-88 or on the SF-600 that the provisions of MANMED article XX-XX have been fully explained to the member, who declined to sign a statement to that effect. Give each member released from active duty a signed, legible copy of the SF 88 or SF-600.

## **SPECIAL DUTY PHYSICAL EXAMINATIONS**

Military personnel who are assigned to or applying for special duty such as aviation duty, diving duty, submarine duty, etc., are required to meet physical requirements above the basic entrance examination requirements. In addition, personnel are required to have a special duty physical if they have psychosocial considerations, are exposed to extreme physical hazards, or if they are to be assigned to sites with inadequate medical facilities. Other special duties requiring preplacement examinations include handling explosives, operating explosives vehicles, and duty as a fire fighting instructor. Specific details for each type of special duty physical examination is delineated in the MANMED.

As with routine physicals, special duty physical examinations are performed by medical officers or DoD civilian physicians. For operational units (squadrons or groups), the medical officer assigned will normally perform special duty examinations. If there is not a unit medical officer, a medical officer assigned to a supporting clinic, hospital, or related operational unit should perform the examination.

Physician assistants (PAs) and nurse practitioners may perform special duty examinations if a medical officer or DoD physician is not available or if the examination workload is too great. When a PA or nurse practitioner performs special duty examinations, the examination **MUST** be countersigned in block 80 of the SF 88 by a physician.

Physical examinations for special duty applicants must be completed before reporting for their special duty assignment. If a service member is determined by the medical examiner to be “not qualified for special duty,” the member can usually remain in the service but will not be given special duty assignments. To maintain special duty status, service members may have more frequent physical examinations than service members not on special duty status. Validity periods for special duty physicals are discussed in the MANMED. Also, refer to Navy directives that apply to specific special duty examinations for current information on physical qualifications.

## **OVERSEAS/OPERATIONAL SUITABILITY SCREENING EXAMINATIONS**

Upon receipt of accompanied orders overseas or to a remote assignment, the member and, as applicable, his family members will be screened to determine their physical and psychological suitability for transfer. Service members and families who are not screened—or who are improperly screened—can arrive at a duty station with requirements beyond the capability of the local medical, dental, educational, or community facilities. This may result in decreased quality of life, early return from assignment, billet gaps, etc. Proper screening helps ensure a positive and productive tour for the service member. All screening should be completed within 30 days of receipt of orders.

## **OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE EXAMINATIONS**

The Navy uses many materials in its work places, some of which are potentially hazardous to personnel. To minimize the risk associated with these hazardous substances, the Navy developed the *Navy Occupational Safety and Health (NAVOSH) Program*, OPNAVINST 5100.23. Within the NAVOSH Program is the *Medical Surveillance Program*. The Medical Surveillance Program provides physical examination and medical monitoring guidelines for personnel who are exposed to or work with hazardous materials.

Medical surveillance examinations assess the health status of individuals as it relates to their work. Although these exams are not physical examinations as described in this chapter, they are actually surveillance examinations that produce specific information with regard to an individual's health during actual or potential exposure to hazardous materials (i.e., the Asbestos Medical Surveillance Program [AMSP]). Specific guidance on the *Asbestos Medical Surveillance Program* is provided in OPNAVINST 5100.23. Another example of a medical surveillance program is the *Occupational Noise Control and Hearing Conservation Program*. Personnel who work in areas of high sound generation (e.g., flight deck of carrier) must be evaluated periodically for hearing loss. Specific guidance on the Occupational Noise Control and Hearing Conservation Program is provided in NAVMEDCOMINST 6260.5 and OPNAVINST 5100.23.

## **MEDICAL BOARD EXAMINATIONS AND REPORTS**

Medical review boards are the single most important factor in determining fitness for duty in today's Navy. Medical boards are convened and reviews are conducted to determine the various degrees of fitness for military service. Local (re)evaluations are scheduled to assess patient progress and length of limited duty, or need for a formal evaluation at NAVPERSCOM or the Physical Evaluation Board (PEB). The following examples illustrate the legal guidelines, requirements, and job descriptions for the different types of medical boards and describe the duties of the personnel responsible.

### **Abbreviated Temporary Limited Duty (TLD) Medical Board Report**

The abbreviated board report is used only when a member is expected to return to full duty after an adequate period of treatment. Processing time should not exceed 6 working days, and under most circumstances, the report should be completed in 3 working days. The board report is a local action taken by an appropriate medical or dental officer and does not require external departmental review by NAVPERSCOM. The form (NAVMED 6100/5) used for this report is a multi-copy form. It is a vehicle for recording basic medical findings, plans, and expectations in terms of prognosis and length of medical restriction of activity. It also provides for

parent command acknowledgment and comment. This form serves as excellent input for the "putting performance into practice" form in the member's health record; however, it is not a substitute for detailed documentation of conditions in the member's health record. The *Abbreviated TLD Medical Board Report* (NAVMED 6100/5) is to be used when **all** of the following criteria are met:

- The member is enlisted in the U.S. Navy or Marine Corps.
- The member suffers from an uncomplicated illness or injury which makes them temporarily unable to fully perform duties to which they are assigned or expected to be assigned, but will most likely be fit for full duty after an adequate period of treatment not exceeding 8 months.
- The member's health or clinical record contains adequate documentation on the nature and circumstances of the illness or injury, its course, prognosis, and treatment.

### **Patient (Re)evaluation/TLD Duration**

Once a member has been placed on TLD, the physician, dental officer, or Independent Duty Corpsman (IDC) (when in an independent operational duty environment), will

- conduct a detailed treatment/rehabilitation assessment and develop a treatment/ rehabilitation plan;
- ensure follow-up evaluations every 2 months, documenting at each evaluation objective findings of continued unsuitability, progress toward recovery, findings and recommendations of specialty evaluations, modifications to the treatment/ rehabilitation plan, and prognosis for return to worldwide assignability; and
- obtain approval from NAVPERSCOM (NPC-821) or CMC (MMSR-4), via the patient administration Limited Duty (LIMDU) Coordinator for periods of TLD less than 8 months, or via a formal board (NPC-821 or MMSR-4) for periods longer than 8 months.

Approval must be obtained via formal board if the initial recommended period of TLD exceeds 8 months, and the total period a member can be on LIMDU must not exceed 16 months.

## Uncorrected Condition

If the servicemember's condition cannot be corrected during the initial or subsequent period of TLD and treatment, or if it is clear that the condition will continually interfere with or preclude his ability to function effectively in an operational arena or to deploy worldwide, notify the transferring or parent command and NAVPERSCOM. Subsequent to the second period of TLD, if appropriate, a Physical Evaluation Board (PEB) will adjudicate the case. If the PEB (in Washington, DC) finds the member "fit to continue Naval Service," NAVPERSCOM will direct the command to initiate appropriate administrative action, which may include a recommendation of administrative separation (per MILPERSMAN 1910-120).

## Formal Board Report

If conditions warrant (i.e., when the period of recovery is expected to exceed 8 months), the physician or dental officer will dictate a formal board report in accordance with SECNAVINST 1850.4 and MANMED, chapter 18, for submission to NAVPERSCOM (NPC-821). The LIMDU Coordinator is responsible for reviewing the medical board, verifying the content and that the processing time is consistent with current policy. However, a command endorsement is not required on a formal board.

## COMPLETING REQUIRED FORMS

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**LEARNING OBJECTIVE:** *Select the appropriate form(s) used for physical examinations and recall how each form should be completed.*

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While there are several forms used to record physicals, the scope and purpose of the physical dictates which form or forms should be used. For example, the preplacement and annual physical evaluation of food service personnel or personnel exposed to hazardous materials can, in most cases, be adequately documented on an SF 600. This section discusses the most commonly used physical examination forms.

## REPORT OF MEDICAL EXAMINATION, SF 88

The SF 88, Report of Medical Examination, is the principal document for recording a complete physical

examination (figs. 11-1 and 11-2). The SF 88 is, like most medical documentation, a legal document. Entries on the form must be legible. If you make a typographical or clerical error, correct the entry by drawing a single line through the erroneous entry, initialing above the error, and making the corrected entry in the same block. If space is not available in that block, make the corrected entry in block 42 (identifying the erroneous entry by number). Chapter 16 of the MANMED provides specific details on information for each block to complete this form properly.

Stamps are used routinely by many naval medical facilities to incorporate routine information or data onto medical documents, as illustrated in blocks 50 and 73 of figures 11-1 and 11-2. The use of stamps must, however, be in accordance with physical examination directives and the MANMED.

## REPORT OF MEDICAL HISTORY, SF 93

The purpose of Standard Form (SF) 93, Report of Medical History, is to provide a complete personal medical history and to serve as a source of information that supplements information reported on the SF 88. The SF 93 provides a current, concise, and comprehensive record of a service member's personal medical history before entering the service and any subsequent changes in the member's medical status.

After the military entrance examination, any subsequent medical examinations that require the use of the SF 88 will also require an SF 93 to be completed. Any medical information entered by patients on the SF 93 is made only to document changes in medical history since their last physical examination. If no changes have occurred since the previous SF 93 was generated, the examiner should enter "no significant interval history" in block 25.

When you prepare the SF 93, complete items 1 through 7 in the same manner as you did the SF 88 (fig. 11-3). This information can be handwritten or typed. Inform examinees that they are responsible for completing items 8 through 25 (figs. 11-3 and 11-4). Item 8 should contain a handwritten statement from examinees regarding their present state of health and any medications they may be taking. Items 9 through 24 are checked either "yes," "no," or "don't know" by the examinees. Assist examinees by explaining unfamiliar medical terminology that appears on these items. Helping them complete the form will ensure an accurate accounting of the member's medical history. Keep in mind that the SF 93 is information of

# REPORT OF MEDICAL EXAMINATION

1. LAST NAME - FIRST NAME - MIDDLE NAME Frost, Jack Ronald, JR.			2. GRADE AND COMPONENT OR POSITION PR1		3. IDENTIFICATION NO. 777-77-7777	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 212 Sandy Lake Drive Pensacola, FL 31189			5. PURPOSE OF EXAMINATION Periodic		6. DATE OF EXAMINATION 07 Mar 96	
7. SEX Male	8. RACE Negroid	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 10y3m CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT Naval Air Station Pensacola, FL	
12. DATE OF BIRTH 27 Feb 65		13. PLACE OF BIRTH Aurora, PA		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN JACK R. FROST, SR. (FATHER), 1616 ABALONE LANE, Venice, FL 36521		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Branch Medical Clinic, NAS Pensacola, FL 32508-7601				16. OTHER INFORMATION Religion - Roman Catholic		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL
X	18. HEAD, FACE, NECK AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS - GENERAL (INTERNAL CANALS) (Aurality scaly under items 19 and 21)	
X	23. DRUMS (Perforation)	
X	24. EYES - GENERAL (Visual acuity and refraction under items 56, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Isolated parallel movements nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicose veins, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulas, Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
	34. GU SYSTEM	X
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	X
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in  
item 73 and use additional sheets if necessary)

#34 Urinary Tract Infection resolved

#39 Scar right elbow & tattoo left arm.

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																																																																																																																																																																															
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REMARKS AND ADDITIONAL DENTAL  
EFFECTS AND DISEASES  
Type 2  
Class 2  
Qualified: Yes

## LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)  RPR: NONREACTIVE DATE: 05 Mar 96	48. EKG  B+	49. BLOOD TYPE AND Rh FACTOR  B+	
50. OTHER TESTS  FAST GLU 105 CHOL 220 TRIG 110 LDL 140 HDL 58 HCT HIV Neg.			

NSN 7540-00-753-4570  
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Standard Form 88 (Rev. 3-89)  
General Services Administration  
Interagency Comm. on Medical Records  
FIRM (41CFR) 201-45.505

Figure 11-1.—Example of completed front side of SF 88.

MEASUREMENTS AND OTHER FINDINGS												
51. HEIGHT 75" (190.5)		52. WEIGHT 200 (90.00)		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE			56. TEMPERATURE 98.7° F	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)						
A. SITTING SYS. 110 DIA. 80		B. RECUMBENT SYS. DIA.		C. STANDING (5 min.) SYS. DIA.		A. SITTING 72		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT
59. DISTANT VISION						60. REFRACTION			61. NEAR VISION			
RIGHT 20/200+		CORR. TO 20/20		BY S. CX		CORR. TO		BY				
LEFT 20/200+		CORR. TO 20/20		BY S. CX		CORR. TO		BY				
62. HETEROPHORIA (Specify distance)												
ES*		EX*		R.H.		L.H.		PRISM DIV.		PRISM CONV. CT		PC
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED						
RIGHT LEFT		Falant Pass 9/9				CORRECTED						
66. FIELD OF VISION Full OU		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		69. INTRAOCULAR TENSION						
70. HEARING		71. AUDIOMETER ANSI 69		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)								
RIGHT WV /15 SV		/15		250 500 1000 2000 3000 4000 6000 8000		256 512 1024 2048 2696 4096 6144 8192						
LEFT WV /15 SV		/15		RIGHT XX 10 05 00 10 05 25 XX		LEFT XX 10 10 00 05 10 15 XX						

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Neck: 16  
Waist: 36  
Body Fat %: 20%

THIS PHYSICAL EXAMINATION HAS BEEN  
ADMINISTRATIVELY REVIEWED FOR  
COMPLETENESS AND ACCURACY.

*Floss A. Brush*  
(Floss A. Brush)

HM2 08 Mar 96

SIGNATURE RATE DATE

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

#59 Refraction errors corrected to 20/20 O.D. & 20/20 O.S.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
						P U L H E S					
77. EXAMINEE (Check)						B. PHYSICAL CATEGORY					
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR Full Duty											
B. <input type="checkbox"/> IS NOT QUALIFIED FOR											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A B C E					
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
Mary A. Christmas, LCDR, MC, USN 111-11-1111						<i>Mary A. Christmas</i>					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
						<i>John P. Doe</i>					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
Doe, John P., LT, DC, USNR 333-33-3333											
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

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☆ U.S. GPO:1993-342-197/81292

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Figure 11-2.—Example of completed back side of SF 88.

<b>REPORT OF MEDICAL HISTORY</b> <small>(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)</small>									
<b>1. LAST NAME—FIRST NAME—MIDDLE NAME</b> Frost, Jack Ronald					<b>2. SOCIAL SECURITY OR IDENTIFICATION NO.</b> 777-77-7777				
<b>3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)</b> 212 Sandy Lake Drive Pensacola, FL 31189					<b>4. POSITION (title, grade, component)</b>  PR1				
<b>5. PURPOSE OF EXAMINATION</b>  Periodic			<b>6. DATE OF EXAMINATION</b>  07 Mar 96		<b>7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)</b> Branch Medical Clinic NAS Pensacola, FL 32508-7601				
<b>8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)</b>  <div style="text-align: center; font-size: 1.2em;"> I AM IN <u>Excellent</u> <b>HEALTH</b>  I AM TAKING <u>No</u> <b>MEDICATIONS</b>  I HAVE <u>No</u> <b>DRUG ALLERGIES</b> </div>									
<b>9. HAVE YOU EVER (Please check each item)</b>					<b>10. DO YOU (Please check each item)</b>				
YES	NO	(Check each item)			YES	NO	(Check each item)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lived with anyone who had tuberculosis			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wear glasses or contact lenses		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coughed up blood			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have vision in both eyes		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bled excessively after injury or tooth extraction			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wear a hearing aid		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attempted suicide			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stutter or stammer habitually		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Been a sleepwalker			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wear a brace or back support		
<b>11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)</b>									
YES	NO	DON'T KNOW	(Check each item)		YES	NO	DON'T KNOW	(Check each item)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever, erysipelas		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"Trick" or locked knee	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Foot trouble	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joints		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neuritis	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paralysis (include infantile)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Car, train, sea or air sickness	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Frequent trouble sleeping	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Depression or excessive worry	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nervous trouble of any sort	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Periods of unconsciousness	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>13. WHAT IS YOUR USUAL OCCUPATION?</b> Parachute Rigger					<b>14. ARE YOU (Check one)</b> <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed				

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Figure 11-3.—Example of front side of SF 93.

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
	X	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	Had Urinary tract infection April '95.
	X	B. Inability to perform certain motions.	
	X	C. Inability to assume certain positions.	
	X	D. Other medical reasons (If yes, give reasons.)	
	X	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)	
	X	17. Have you ever been denied life insurance? (If yes, state reason and give details.)	
	X	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
	X	19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	
X		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
	X	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
	X	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
	X	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
	X	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	
I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.			
TYPED OR PRINTED NAME OF EXAMINEE		SIGNATURE	
PR1 Jack R. Frost		PR1 Jack R. Frost	
NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)			
#10 Wears eye glasses for correction of refraction errors - NCD			
#20 UTI resolved with treatment. - NCD			
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER		DATE	SIGNATURE
Mary A. Christmas, LCDR, MC, USN		07 Mar 96	Lcdr Mary A Christmas
			NUMBER OF ATTACHED SHEETS

REVERSE OF STANDARD FORM 93

\*U.S. GPO: 1994-300-892/60197

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Figure 11-4.—Example of back side of SF 93.

significant or chronic disorders instead of one-time events of minor illnesses or disorders.

An essential part of a complete physical examination is the review of patient's medical history. The medical examiner is responsible for reviewing items 9 through 24 of the SF 93. After reviewing these items, the medical examiner uses item 25 to elaborate on all "yes" responses (fig. 11-4). Examiners document conditions considered disqualifying as "CD" and those considered not disqualifying as "NCD." Examiner's signature and identification information should be documented at the bottom of the back side of the SF 93.

### **SPECIAL DUTY MEDICAL ABSTRACT, NAVMED 6150/2**

The NAVMED 6150/2, Special Duty Medical Abstract, is a record of physical qualifications, special training, and periodic examinations of members designated to perform special duty, such as aviation, submarine, and diving. When members complete special duty physical examinations and special training, they should have entries made on their NAVMED 6150/2. NAVMED 6150/2 entries require the approval of a medical officer or designated specialty medical service corps officer (i.e., aerospace physiologist for aerospace physiology training).

If a special-duty-qualified service member is found to be physically or mentally unfit, the service member's special duty status will be suspended either temporarily or permanently. The reason(s) for the member's suspension and period of suspension are recorded on the NAVMED 6150/2. Special pay disbursements are often based on a member's physical and mental qualifications or continued requalification for performance in a special duty.

### **PHYSICAL EXAM TESTING PROCEDURES AND EQUIPMENT**

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**LEARNING OBJECTIVE:** *Recall visual acuity, color vision, audiometric, and EKG test equipment and procedures.*

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Some of the basic procedures used to gather information for a physical examination are taught in Hospital Corpsman "A" School (e.g., vital signs, venipuncture, and height and weight measurements). However, other tests require advanced technical expertise, such as serological testing, and pressure and

oxygen-tolerance testing. Some testing procedures may be learned by on-the-job training (OJT) or by short courses of instruction. These testing procedures and the equipment used will be discussed in this section.

### **VISUAL ACUITY**

Visual acuity testing determines the ability of the eye to discriminate fine detail. It is the most important test of eye function. Throughout the Navy, there are two accepted methods for testing visual acuity: the Snellen chart and Jaeger cards, and the Armed Forces Vision Tester. The Snellen chart and Jaeger cards are used together to test visual acuity. The Snellen charts test distant visual acuity; the Jaeger cards are used to evaluate near visual acuity. The Armed Forces Vision Tester checks both distant and near visual acuity, and assists in evaluating other optical conditions.

The first step in testing for visual acuity is to find out if the patient wears corrective eyewear. On the day of their visual acuity testing, patients should bring in their glasses. Contact lenses are not recommended for use during visual acuity testing. Contact lenses cause an increase in time needed for testing purposes, and they tend to be an inconvenience for both the patient and healthcare provider. Acuity testing is performed with and without the glasses on, and the results are documented in blocks 59 and 61 on the SF 88. Visual acuity requirements are discussed in the MANMED.

#### **Snellen Charts**

Probably the most familiar of the visual testing equipment, Snellen charts, are the preferred method for testing distant visual acuity. Snellen charts can test both monocular and binocular visual acuity. Operational guidelines for Snellen charts are provided by the chart's manufacturer. Your local military optometrist or eye clinic can also provide you operational guidelines for Snellen charts. Specific details and current conditions for testing with Snellen charts are as follows:

- If the examinee wears corrective lenses, have them remove the lenses before the examination. Test the examinee first without corrective lenses, and then with the corrective lenses in place.
- Hang the chart on the wall so the 20/20 line is 64 inches from the floor. Direct the examinees to stand 20 feet from the chart. Test each eye

individually, then both eyes together. Do not allow the examinee to squint or tilt his head.

- With the graduation of the size of the letters advocated by Snellen, the visual acuity is expressed according to his classical formula  $V = d/D$ , where “d” is the distance at which the letters are read, is divided by “D” the distance at which the letters should be read. Then record the smallest line read on the chart from the 20-foot distance as the vision; e.g., 20/20, 20/200.

### Jaeger Cards

When the Armed Forces Vision Tester is not available, Jaeger cards are used to test near vision. There are six paragraphs on each card. Each paragraph is printed in a different size type and labeled as J-1 (the smallest print size), J-2,..., up to J-6.

When testing with these cards, you should hold the card at a distance of 14 to 16 inches from the examinee and tell the examinee to read the paragraphs. Record the visual acuity as the smallest type he can comfortably read and record the distance (e.g., J-2 at 14 inches).

**NOTE:** The **distance** of the card from the examinee may be converted to centimeters, but ensure the **results** of the test are also recorded in centimeters. Consistency is the key.

### Armed Forces Vision Tester

The Armed Forces Vision Tester (AFVT) is a semiportable machine that has the capability to test near and distant visual acuity, horizontal and vertical phorias, and stereopsis (depth perception). It consists of two rotating drums that hold illuminated slides. The handles on the side of the machine rotate the drums to change the slides. A scoring key and instruction manual are provided with the machine.

### COLOR VISION TESTING

The *Manual of the Medical Department* requires that all applicants for the naval service receive a color vision test. The Navy has two methods of testing color discrimination: the Farnsworth Lantern Test (FALANT) and the pseudoisochromatic plates (PIP). The FALANT is the preferred test, and in many cases it is the test prescribed by the MANMED as the only acceptable method for testing color vision.

### Farnsworth Lantern Test

The purpose of the Farnsworth Lantern Test is to evaluate color perception. The Farnsworth Lantern is a machine with a light source directed at the examinee. What the examinee sees is two lights in a vertical plane. These lights appear in two of three possible colors, either red, green, or white, shown in varying combinations. The examinee is asked to identify the color combinations from top to bottom at a distance of 8 feet; the examiner rotates the drum to provide the different combinations. The examinee must identify a total of nine different combinations.

On the first run of nine lights, if the examinee correctly identifies all nine, the FALANT is passed. If the examinee incorrectly identifies any of the lights, two additional runs of nine lights are performed without interruption. The score is the average number of incorrectly identified lights of the second two runs. If the average score is 1 or less, the FALANT is passed. If the score is 2 or more, the FALANT is failed. If the score is 1.5, the test should be repeated after a 5-minute break. Do not retest scores of 2 or more since this will invalidate the test procedure.

**NOTE:** If examinees wear corrective lenses for distant vision, they should wear them during this test.

### Pseudoisochromatic Plates

If the FALANT is not available, pseudoisochromatic plates (PIP) are used to determine color vision. Personnel so tested must be retested with the FALANT at the first activity they report to that has a Farnsworth Lantern. Two tests are available, the 18-plate test and the 15-plate test, each of which includes one demonstration plate not used for scoring.

When administering the PIP examination, you should hold the plates 30 inches from the examinee. Allow 2 seconds for each plate identification, and do not allow the examinee to touch the plates. To pass the 18-plate test, the examinee must identify a minimum of 14 of the 17 test plates; for the 15-plate test, a minimum of 10 of the 14 test plates. Record the score in block 64 of the SF 88 as PASSED PIP or FAILED PIP. Include the number of correct responses (e.g., PASSED PIP 17 of 17 or FAILED PIP 10 of 17).

### AUDIOGRAM

An **audiogram** is a record of hearing thresholds an individual has for various sound frequencies. By

evaluating an individual's frequency thresholds, hearing deficiencies can be detected. To test an individual's frequency thresholds, the technician will use an instrument called an **audiometer** (manual or computerized). Audiometers used by the Navy are calibrated to American National Standards Institute (ANSI) specifications.

Upon entry into the service, a baseline audiogram is performed and recorded on a DD 2215. Subsequent audiometric test results are recorded on a DD 2216 and performed as directed by OPNAVINST 5100.19 and the MANMED. Audiometric testing shall be performed only by personnel who have attended an audiometric training course and have been certified. All audiometric tracings or readings recorded on the SF 88 or other medical documentation should contain the certification number of the person performing the audiometric test.

## ELECTROCARDIOGRAM

An **electrocardiogram** is a record of electrical impulses made by the heart. Electrocardiograms are produced by an instrument called an **electrocardiograph**. The electrocardiograph is used to examine and record electrical impulses produced by the contraction of the heart muscle. Abbreviated either EKG or ECG, the electrocardiogram is interpreted by a physician or cardiologist to determine the heart rate and rhythm, and evidence of any heart damage, especially damage associated with a heart attack.

EKGs are currently performed as part of the physical examination once the member reaches the age

of 40, and routinely thereafter. Otherwise, EKGs are performed only as clinically indicated or required for special duty. Refer to BUMED instructions for current periodicity information on EKG testing. The Naval Medical Department routinely uses EKGs with 12 leads for physical examinations performed on Navy and Marine Corps personnel.

## SUMMARY

A general review has been provided to you on various types of physical examinations, their requirements, and the documentation procedures of commonly used physical examination forms. We have also discussed physical examination testing equipment and procedures that evaluate vision, hearing, and cardiac function.

The physical examination is a key component of the Navy Medical Department's efforts to maintain the health of Sailors and Marines during times of war and peace. The importance of the physical examination cannot be overstated. The combination of medical history, medical testing, and medical examination furnishes the healthcare provider with a complete picture of the individual's health. Any indications of medical problems can be evaluated and managed more expediently and effectively through the use of the physical examination. Your assistance with medical testing and your detailed document management will ensure the patient receives the best possible medical evaluation by the medical examiner. More in-depth information is contained in the *Manual of the Medical Department*, NAVMED P-117.